



Aero Services Credit Union Co-operative Society Limited (Register No. 102)

Corner Orange Grove Road & Priority Bus Route, Tacarigua, Trinidad, W.I.

TeleFax: 868.640.6416 / 868.640.6418, email: aerocu@tstt.net.tt

Loan Application Form

Surname: _____ First Name: _____

Address: _____ email: _____

Tel. (h) _____ Date of Birth _____ Membership No.: _____

Employer: _____ Tel : _____ Ext: _____ Staff No.: _____

Address: _____

Date of Joining: _____ Position: _____ Dept.: _____

Monthly / Weekly Income (net):. _____ Other Income : _____ Source: _____

I hereby apply for a loan in the amount of (words) _____

(figures) _____ for a period of _____ months, to be repaid in monthly installments

of \$ _____ each, inclusive of interest. I prefer the first installment to become due on _____

Collateral Offered Yes No Shares: \$ _____

Purpose of Loan: (in detail) _____

Are you a Guarantor on any other loan Yes No

Amount: _____ To Whom _____



References (For Non BWIA Employees)

List of Credit References

1) Surname: _____ First Name: _____

Address: _____

2) Surname: _____ First Name: _____

Address: _____

Bank Reference (Checking / Saving)

Bank: _____ Tel: _____

Address: _____

***I hereby certify that all statements made herewith are true and complete
and submitted for the purpose of obtaining credit***

Signature of Applicant

Date

Guarantor's Name: _____ Staff No: _____ Ext: _____

Shares: \$ _____ Amt Guaranteed: \$ _____ Loan Balance: \$ _____

Collateral: _____ Purpose of Loan: _____

Remarks: _____

Signature of Applicant _____

Guarantor's Name: _____ Staff No: _____ Ext: _____

Shares: \$ _____ Amt Guaranteed: \$ _____ Loan Balance: \$ _____

Collateral: _____ Purpose of Loan: _____

Remarks: _____

Signature of Applicant _____